FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION **FILED** Sandra B. Morthani ANNUAL REPORT Secretary of State Apr 20 1996 8:00 am DIVISION OF CORPORATIONS 1996 Secretary of State (9)306058 **DOCUMENT #** KWIK KING FOOD STORES, INC. Mailing Address Principal Place of Business 101 NE 16TH. AVENUE 101 NE 16TH, AVENUE OCALA FL 34470 OCALA FL 34470 ate Incorporated or Qualified 06/10/1966 03/24/1995 4. FÉI Number Applied For 2a. Mailing Address 2. Principal Place of Business 59-1144213 Not Applicable 26 \$8.75 Additional Suite, Ant. #, etc. 5. Certificate of Status Desired Suite, Apt. #, etc. Fee Required 27 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 8. This corporation has liability for intangible tax under s 199.032 Country Ζıρ Country Yes No Florida Statutes 30 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) DEAN, H. EDWARD 82 101 N.E. 16th Avenue DEAN & DEAN, P.A. 83 203 NE EIGHTH AVE. 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Such change was authorized by the corporation's hoard of directors. I hereby accept the appointment as registered agent. I am standard with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, No. 2012 as protest near of p **OCALA FL 32670** CR2E034 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 Change Addition DELETE 1 1 1:11 F TITLE WORLEY, JANET C. 1.2 NAME NAME 101 NE 16TH. AVENUE 1.3 STREET ADDRESS STREET ADDRESS OCALA FL 1.4 CITY - ST - ZIP Addition CITY - ST - ZIP Change DELETE 2.1 T:TLE DINKINS, BRADFORD L. 2.2 NAMÉ 101 NE 18TH AVE 2 3 STREET ADDRESS STREET ADDRESS OCALA FL 2 4 CITY - ST - ZIP CITY-ST-ZIP Addition ☐ Change DELETE 3 1 T: ILE

800001788138 NAME -04/22/96--01021--011 5.3 STREET ADDRESS STREET ADDRESS ***200.00 54 CHY-ST-ZIE CITY - ST - ZIP Addition Change DELETE 6 + TI'LE TIFLE NAME STREET ADDRESS 64 City - St - ZiP

3.2 NAME 3 3 STRELT ADDRESS

4 1 TITLE

4.2 NAME

5.2 NAME

34 CITY-ST ZIP

4.3 STREET ADDRESS

44 CHY-ST ZIP

14. I do hereby certify that the information supplied with this fling is voluntarily furnished and does not qualify for the exeruption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that I am an officer or director of fine corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

21

22

23

24

DELETE

DELETE

Change

☐ Addition

Addition